



Your business  
is our business.

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REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770  
phone: 301-459-7590, fax: 301-577-5575  
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October 10, 2013

**By Hand Delivery**

**ACCEPTED/FILED**

**OCT 24 2013**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Federal Communications Commission  
Office of the Secretary

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Dixville Telephone Company  
Study Area Code 120042**

Dear Ms. Dortch:

On behalf of Dixville Telephone Company "Dixville", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup> Dixville seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 043  
List ABCDE

<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<small>FCC Form 481</small> <small>OMB Control No. 3060-0986/OMB Control No. 3060-0815</small> <small>July 2013</small>
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<010> Study Area Code	120042	
<015> Study Area Name	DIXVILLE TEL CO	ACCEPTED/FILED  OCT 24 2013  Federal Communications Commission Office of the Secretary
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Ann Walsh	
<035> Contact Telephone Number: Number of the person identified in data line <030>	781-402-1731	
<039> Contact Email Address: Email of the person identified in data line <030>	Awalsh@tillotsoncorp.com	

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	120042nh310	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)		(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		<input type="checkbox"/>	<input type="checkbox"/>
<420> Mobile			<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed			<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile			<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 120042nh510	(attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 120042nh610	(attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)		<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	120042
<015>	Study Area Name	DIXVILLE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ann Walsh
<035>	Contact Telephone Number - Number of person identified in data line <030>	781-402-1731
<039>	Contact Email Address - Email Address of person identified in data line <030>	Awalsh@tillotsoncorp.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>









<b>(900) Tribal Lands Reporting Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
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<b>&lt;010&gt;</b>	<b>Study Area Code</b>	120042
<b>&lt;015&gt;</b>	<b>Study Area Name</b>	DIXVILLE TEL CO
<b>&lt;020&gt;</b>	<b>Program Year</b>	2014
<b>&lt;030&gt;</b>	<b>Contact Name - Person USAC should contact regarding this data</b>	Ann Walsh
<b>&lt;035&gt;</b>	<b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	781-402-1731
<b>&lt;039&gt;</b>	<b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	Awalsh@tillotsoncorp.com

**<910> Tribal Land(s) on which ETC Serves**

**<920> Tribal Government Engagement Obligation**

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;**
- <922> Feasibility and sustainability planning;**
- <923> Marketing services in a culturally sensitive manner;**
- <924> Compliance with Rights of way processes**
- <925> Compliance with Land Use permitting requirements**
- <926> Compliance with Facilities Siting rules**
- <927> Compliance with Environmental Review processes**
- <928> Compliance with Cultural Preservation review processes**
- <929> Compliance with Tribal Business and Licensing requirements.**

Select (Yes, No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	120042
<015>	Study Area Name	DIXVILLE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ann Walsh
<035>	Contact Telephone Number - Number of person identified in data line <030>	781-402-1731
<039>	Contact Email Address - Email Address of person identified in data line <030>	Awalsh@tillotsoncorp.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	120042
<015> Study Area Name	DIXVILLE TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Ann Walsh
<035> Contact Telephone Number - Number of person identified in data line <030>	781-402-1731
<039> Contact Email Address - Email Address of person identified in data line <030>	Awalsh@tillotsoncorp.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	120042nh1210 Name of attached document (.pdf)
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<1220> Link to Public Website	HTTP
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"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	120042
<015> Study Area Name	DIXVILLE TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Ann Walsh
<035> Contact Telephone Number - Number of person identified in data line <030>	781-402-1731
<039> Contact Email Address - Email Address of person identified in data line <030>	Awalsh@tillotsoncorp.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input style="width: 20px; height: 15px;" type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input style="width: 20px; height: 15px;" type="checkbox"/>

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012>	2013 Frozen Support Certification	<input style="width: 20px; height: 15px;" type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input style="width: 20px; height: 15px;" type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input style="width: 20px; height: 15px;" type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input style="width: 20px; height: 15px;" type="checkbox"/>

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016>	Certification Support Used to Build Broadband	<input style="width: 20px; height: 15px;" type="checkbox"/>
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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017>	3rd year Broadband Service Certification	<input style="width: 20px; height: 15px;" type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input style="width: 20px; height: 15px;" type="checkbox"/>
<2019>	Interim Progress Certification	<input style="width: 20px; height: 15px;" type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input style="width: 20px; height: 15px;" type="checkbox"/>

<2021> Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information _____
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(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0886/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	120042
<015> Study Area Name	DIXVILLE TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Ann Walsh
<035> Contact Telephone Number - Number of person identified in data line <030>	781-402-1731
<039> Contact Email Address - Email Address of person identified in data line <030>	Awalsh@tillotsoncorp.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input type="checkbox"/> (Yes/No)
(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/>
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	120042nh3026

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	120042
<015>	Study Area Name	DIXVILLE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ann Walsh
<035>	Contact Telephone Number - Number of person identified in data line <030>	781-402-1731
<039>	Contact Email Address - Email Address of person identified in data line <030>	Awalsh@tillotsoncorp.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	120042
<015>	Study Area Name	DIXVILLE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ann Walsh
<035>	Contact Telephone Number - Number of person identified in data line <030>	781-402-1731
<039>	Contact Email Address - Email Address of person identified in data line <030>	Awalsh@tillotsoncorp.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	DIXVILLE TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Officer:	Ann Walsh
Title or position of Authorized Officer:	Assistant Treasurer
Telephone number of Authorized Officer:	781-402-1731
Study Area Code of Reporting Carrier:	120042 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	DIXVILLE TEL CO
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Cassandra Heyne
Title or position of Authorized Agent or Employee of Agent:	Senior Analyst
Telephone number of Authorized Agent or Employee of Agent:	3014597590
Study Area Code of Reporting Carrier:	120042 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**File name:** 120042nh310.pdf

**Dixville Telephone Company  
Line 310 – Unfulfilled Voice Telephony Service Requests Resolution**

As required in 47 C.F.R. § 54.313(a)(3), the following provides the Company's status on providing service to potential customers in 2012:

There were no unfulfilled service requests in 2012 in the service area in which the Company is designated as an ETC so no further documentation is required.



File name: 120042nh510.pdf

## **Dixville Telephone Company**

### **Compliance with Service Quality Standards and Consumer Protection**

As required in 47 C.F.R. § 54.313(a)(5) for High-cost Recipients, the following is a detailed description of how the Company complies with Service Quality Standards and Consumer Protection Rules.

**SERVICE QUALITY STANDARDS:** The Company abides by the State Commission's requirements for service quality. All required reporting is done with the Company in full compliance of the service quality standard requirements shown in Exhibit A.

#### **CONSUMER PROTECTION RULES:**

The Company developed and implemented a Customer Proprietary Network Information ("CPNI") Compliance Manual and has appointed a CPNI Compliance Officer. The Company requires all employees to certify that they have reviewed and understand the CPNI Compliance Manual and that they understand that any violation of the Company's CPNI procedures may result in disciplinary action up to and including dismissal. The Company files an annual report with the Federal Communications Commission ("FCC") certifying compliance with the FCC's CPNI rules.

File name: 120042nh610.pdf

**Dixville Telephone Company, Inc.**  
**Line 610 – Functionality in Emergency Situations**

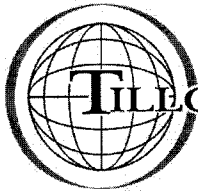
As required in 47 C.F.R. § 54.313(a)(6) for all high cost recipients, which includes the Company, and as set forth in 47 C.F.R. § 54.202(a)(2), the following provides a detailed description demonstrating that the Company has the ability to remain functional in emergency situations, including a demonstration that 1) it has a reasonable amount of back-up power to ensure functionality without an external power source, 2) is able to reroute traffic around damaged facilities, and 3) is capable of managing traffic spikes resulting from emergency situations.

**OVERALL RESPONSE TO EMERGENCY SITUATIONS:** The Company has a comprehensive disaster recovery plan (also called a “continuity plan”) that was developed and implemented for the Company specifically to deal with emergencies. It has detailed, specific steps that are to be taken for each type of emergency.

**POWER:** In order to function in an emergency, the Company has a combination of batteries and emergency generators. Permanent locations have emergency generators with fuel tanks. The company’s central offices have automatic stand-by generators to run the entire offices. The digital loop carrier (“DLC”) sites also have battery back-up.

**REROUTING TRAFFIC AND REDUNDANCY:** The network was designed with redundancy wherever possible. Where it is not redundant, the Company has the ability to redirect most backbone traffic. In cases where there is no redundancy it is geographically impracticable to build. For example, the loop to the customer location is typically not redundant, especially for residential customers. This is because it would not be cost effective to build totally separate facilities for the “last mile” to the customer.

**MANAGING TRAFFIC SPIKES:** The Company realizes that when a catastrophe happens, everyone immediately tries to contact friends and family to make certain they are all right. The Company has designed the network to have excess capacity on its backbone network. For example, on Mother’s Day, the company handles traffic without the customer receiving the “All Trunks Busy” message which demonstrates the Company’s ability to handle peak traffic spikes.



**TILLOTSON CORPORATION**  
A WORLD OF OPPORTUNITY

**DIXVILLE TELEPHONE COMPANY**  
A DIVISION OF TILLOTSON CORPORATION  
450 BEDFORD ST.,  
LEXINGTON, MA 02420  
PHONE: 781-402-1731  
FAX: 781-402-1737

**Lifeline and Toll Limitation Service support** provide discounts to eligible low-income consumers to help them establish and maintain telephone service. **Note:** Telecommunications carriers cannot charge a Lifeline customer federal USF fees on the local service portion of their telephone bill.

***What type of discount is available?***

**Lifeline** assistance is a federal program that lowers the cost of monthly telephone service. Eligible consumers can receive up to \$9.25 per month in discounts.

**Toll Limitation Service (TLS)** support allows eligible consumers who wish to avoid incurring large long distance fees to choose toll blocking or toll control at no cost.

***How do I know whether I am eligible?***

You are eligible for Lifeline if you, your dependent, or your household participates in one of the following programs:

- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance or Section 8
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- National School Lunch Program's free lunch program

In addition, a consumer may be eligible if his or her household income is at or below 135% of the federal poverty guidelines:

Dixville Telephone Company – Lifeline Eligibility

**2013 Estimated Income Requirements for a Household at or Below 135% of the Federal Poverty Guidelines.**

<b>Persons in Family Unit</b>	<b>48 Contiguous States and D.C.</b>	<b>Alaska</b>	<b>Hawaii</b>
1	\$15,512	19,373	17,861
2	20,939	26,163	24,098
3	26,366	32,954	30,335
4	31,793	39,744	36,572
5	37,220	46,535	42,809
6	42,647	53,325	49,046
7	48,074	60,116	55,283
8	53,501	66,906	61,520
For each additional person, add	5,427	6,791	6,237

***Are there any restrictions?***

Lifeline is only available on one wireline or one wireless telephone per household. Customers may not transfer their Lifeline benefits to another person, even if the other person is eligible. Each year, Lifeline customers must certify that they are still eligible for the discount. Customers who willfully make false statements in order to obtain the benefit are subject to fine or imprisonment or may be barred from the program.

***How do I apply to receive Lifeline and TLS support discounts?***

To enroll in Lifeline, you must complete an enrollment form and send it along with proof of your eligibility to Dixville Telephone Company. Proof of eligibility may include the current or prior year's statement of benefits from a qualifying assistance program, a notice or letter of participation in a qualifying assistance program, program participation documents last year's state, federal or tribal tax returns; three consecutive months of payroll stubs; a Social Security statement of benefits; a Veterans' Administration statement of benefits; unemployment or workman's comp statement; or other official document proving income. or another official document demonstrating that you, one or more of the your dependents or your household receives benefits from a qualifying assistance program or meets the income guidelines.

To apply for Lifeline and TLS discounts or for more information, please contact :

Dixville Telephone Company  
 450 Bedford St.  
 Lexington, MA 02420  
 Phone: 603-255-9911, option 0, ext 225

**REDACTED – FOR PUBLIC INSPECTION**

**DIXVILLE TELEPHONE COMPANY (SAC 120042)**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**